

Positive Changes at WIC Benefit Participants

In a whirlwind of activity, the state office is beginning a final push to rollout the electronic benefit transfer (EBT) system to remaining Texas WIC agencies. The aggressive timeline for rollout is dictated by the need to implement the new food rules on August 1, 2009. If EBT is not in place in all local agencies, we'll need to write and code two systems – EBT and the voucher issuance WIN system. We decided the risk was too high to depend on being able to revamp both in the time frame given.

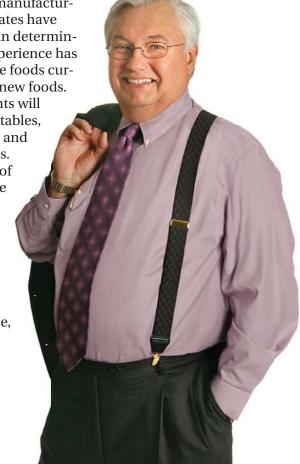
Reports from agencies that have implemented EBT are positive. The participants enjoy having the WIC Lone Star Card with which to make their purchases. Agencies scheduled to rollout need to have their clinics, the participant flow, and the transition scheduling understood and under control. An article on page 8 in this issue, "Ready or Not – EBT Is Rolling Out All Over Texas," discusses basic preparations for getting your clinic ready.

"... participants
will be able to
buy fresh fruits
and vegetables,
baby foods,
whole wheat
products, and
possibly even
tofu and soy
products."

2

The new food rules are exciting and challenging. Discussions with USDA, vendors, manufacturers, TALWD, and participant advocates have identified potential issues we face in determining our approved food lists. The experience has state office staff examining both the foods currently in the food package and the new foods. With the new food rules, participants will be able to buy fresh fruits and vegetables, baby foods, whole wheat products, and possibly even tofu and soy products. Combining the enhanced benefits of the new food packages and the ease of using the WIC Lone Star Card, our participants have a lot to look forward to.

My advice to each of you is to keep your eye on the ball, or the light at the end of the tunnel. Just remember that when it is finally all in place, your participants are the winners.



From the Texas WIC Director - Mike Montgomery

Texas **Wilc** News

in this issue



- Positive Changes at WIC Benefit Participants
- △ Outdoor Play is Part of a Healthy Lifestyle
- 6 Summer Food Safety: Warmer Weather Brings Rise in Foodborne Illness
- Ready or Not! EBT Is Rolling Out All Over Texas
- 1 WIC News Briefs: Texas WIC Video Wins Award

Pull Out Section WIC Wellness Works

- 1 1 Local Agency Spotlight: Fitness, Food and Fun
- 1) How to Approach the Doctor
- 14 Exceptional Customer Service: Complaints Are Our Friends
- 1 6 Nutrition in the News
- 1 Q Test Your Nutrition IQ

NOTICE TO SUBSCRIBERS:

Texas WIC News is available online at http://www.dshs.state.tx.us/wichd/gi/wicnews.shtm. If you are a current subscriber who would prefer to receive the Texas WIC News online send your email address to WICNewsSubscriptions@dshs.state.tx.us and we will notify you by e-mail as soon as an issue becomes available online.

Texas WIC News (USPS 016-975) is published bimonthly by the Department of State Health Services, P.O. Box 149347, Austin, Texas 78714-9347. Subscriptions are free. Periodicals postage paid at Austin, Texas

POSTMASTER: Send address changes to WICNewsSubscriptions@dshs.state.tx.us or WIC News Subscriptions, Texas WIC News, Texas Department of State Health Services, P.O. Box 149347, Austin, TX 78714-9347.

Mike Montgomery Texas WIC Director

Linda Brumble Manager Nutrition Education / Clinic Services Unit

Shari Perrotta Manager Publishing, Promotion and Media Services

> Mary Van Eck Manager Nutrition Education Branch

Patti Fitch Manager Clinical Nutrition Branch

Sherry Clark
Publication Coordinator

Clare Wolf Managing Editor/Designer

Betty Castle, Renee Mims Contributing Editors

Chris Coxwell *Photographer*

Betty Castle, Irma Choate, Lorise Grimball, Sharon Hipp, Brent McMillon, Kanokwalee Pusitanun Contributing Designers

Health and Human Services Printing Services Printing

Leticia Silva Subscriptions

WIC Warehouse DSHS Automation Mailroom *Mailing*



Department of State Health Services Nutrition Services Section P.O. Box 149347, Austin, TX 78714-9347 http://www.dshs.state.tx.us/wichd/default.shtm.

Comments may be sent to the managing editor at Publishing, Promotion, and Media Services, P.O. Box 149347, Austin, TX 78714-9347, or by e-mail to WICNewsEditor@dshs.state.tx.us.

In accordance with federal law and the U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave., S.W., Washington, DC 20250-9410, or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.





Test your Healthy Child IQ

- 1. A child is six times more likely to play a video game than __?__ .
- 2. Nearly <u>?</u> of children from 6 months to 6 years of age live in households where the TV is on all or most of the time.
- 3. Recent statistics have shown that nearly <u>?</u> of children in the United States are obese.
- 4. Prescriptions for <u>?</u> for children have doubled in 5 years.
- 5. For the first time in U.S. history, the predicted __?_ of children is less than their parents.



Answers: 1. ride a bike 2. one-third 3. one-fourth 4. antidepressants 5. life span

id you find the Test your Healthy Child IQ on page 4 alarming? It should be. Along with good nutrition, healthy lifestyles are in decline; we can't ignore the effects. Happily, we know there is hope, and part of that hope is something so simple and inexpensive, we've overlooked it. It's outdoor play!

Research has shown that unstructured play outdoors, especially around natural areas is a vital part of child development. Children who play outdoors are healthier physically and mentally, do better in school, have higher self-esteem, cooperate better with other children, have good self-discipline, are better problem solvers, are more creative, feel connected to nature and show more leadership skills! Additional information on these facts is available at www.cnaturenet.org and www.fws.gov/children/.

This issue has hit the media in a big way, including online, where there is an abundance of information. In addition, Richard Louv, author of Last Child in the Woods, Saving our Children from Nature Deficit Disorder, is releasing

the second edition of his book with a users guide for parents and caregivers. Texas Parks and Wildlife has launched the "Life's Better Outside" campaign. The March issue of *Texas Parks & Wildlife* magazine has a special feature "50 Ways to Hook Kids on the Outdoors."

In your work with families, however, you've no doubt learned that it takes more than information to effect a change in lifestyle. You use a suite of support to help parents do what's right for their kids.

The Texas Pediatric Society published a tool kit for health care providers to combat childhood obesity. Part of that tool kit includes a prescription for better nutrition and at least one hour of outdoor play every day.

In Texas, professionals from health, education, urban planning, nature, child development and even media have banded together in a partnership to overcome the barriers parents and caregivers cite for not taking kids outside to play. They're looking at issues of family values and comfort outdoors, access to safe places to play, school policies that encourage time outside for mental and physical breaks, building and neighborhood design, and the overscheduled and media-overloaded child.

The Texas Children in Nature Community is relatively new, yet it is already presenting at gatherings of urban planners, teaching parents and caregivers why and how to reconnect children and nature, planning family weekends at local parks and nature centers, and developing posters on the top ten reasons for children to play outdoors.

We now have a greater understanding of the importance of something as simple as unstructured outdoor play. The Texas Children in Nature Community welcomes the ideas and expertise of WIC staff in helping Texas children. Since you are in contact with the parents of young children — parents who set the foundation for our children's future health and lifestyle — you can join the effort by reminding your clients of the benefits of outdoor play. Sign up through Google Group: Texas Children in Nature Community or contact nancy.herron@tpwd.state.tx.us.

In the meantime, help children find a place to watch the clouds, breathe fresh air, trace tree bark, discover a living world under a rock, run, hop, crawl and make up silly games. And while you're at it, do it for yourself. Grandma was right, "Get outside and play!"



Summer Food Safety:

Warmer Weather Brings Rise in Foodborne Illnesses

Summer brings holidays, fun times, travel, fresh flowers, fruits, vegetables and also an increase in foodborne illnesses. Every year, nearly 76 million people suffer from food related illnesses; 325,000 are hospitalized and about 5,000 die from harmful contaminants such as sanitizers, cleaning solutions, lead, and glass. Microorganisms like bacteria and parasites also make food hazardous.

What causes foodborne illnesses?

One common cause of food borne illness is bacteria called "staphylococcus" (staph). Other common food related bacteria that make people sick are *Listeria*, *Campylobacter*, *Salmonella* and *E. coli*. There are more than 250 types of food borne illnesses that are caused by a variety of bacteria, viruses and parasites. Food borne illness may show flu-like symptoms such as fever, nausea, vomiting, diarrhea or could result in long term life threatening diseases. Microorganisms multiply fast at temperatures between 90° F and 110° E.

Did you know that a single bacteria in potentially hazardous foods, raw or cooked will multiply to over a million if left at room temperature for over two hours? It is essential to refrigerate perishable foods to 40° F or less within two hours of exposure. On a hot day food should not be left outside for more than an hour.

Foodborne illnesses are more prevalent in the summer because warmer temperatures and humidity promote bacterial growth. Outdoor activities such as camping, picnics and barbecues are a challenge as there are not always facilities for temperature controlled cooking, refrigeration and hand washing. Severe weather conditions could result in power outages. Food will stay safe longer in a refrigerator or freezer that has lost power if it was set to the proper temperatures prior to the outage. It is important to ensure the freezer temperature is below 0° F and the refrigerator temperature is at or below 40° F.

by Ponna Sambasivan, R.D., L.D. Nutrition Education Consultant

Safe Food Handling

Some safe food handling points to remember are

- ▶ Check and Clean
- Separate
- Cook
- Chill
- Discard

Check and Clean

Ensure fruits and vegetables are not bruised or damaged and that precut ones are refrigerated. Check cans for bulges, leaks, cracks, rust and dents and the expiration date prior to using. Canned foods should be stored in a dry, cool place. Acidic fruits like tomatoes can be stored for 18 months and other foods two to five years. A toxin, *Clostridium Botulinum* in canned foods can be hazardous and even fatal.

Clean hands and work surfaces before preparing food. Wash fruits and vegetables with running tap water and dry with clean kitchen towels or paper towels. Wash your cutting board thoroughly with hot water and soap before and after preparing fruits and vegetables.

Separate

While shopping and storing foods, separate fresh fruits and vegetables from raw meat, fish,

Texas W C News

poultry and house-hold cleaning chemicals to prevent cross-contamination. Do not place cooked meat and poultry on a platter that was used for holding raw meat or the marinade.

Cook

People get sick when they consume foods that are not cooked to safe temperatures. To ensure food is cooked to a safe internal temperature a food thermometer is essential. USDA recommends the following safe

internal temperatures:

Roast –145° F Fish – 145° F Poultry – 165° F Pork – 160° F Ground Beef – 160° F

Cook eggs until the yolk and white are firm and do not use recipes in which eggs remain raw or partially cooked. When cooking in the microwave oven, ensure there are no cold spots by rotating and stirring food often. Bring to a boil sauces, gravies and soups; all other foods should be heated to 165° F. Remember the color of the meat, fish or poultry does not indicate that cooking is complete. If you use a thermometer, it should be inserted in the thickest part of the cut like the middle of the thigh or breast to ensure safe internal temperatures.

Chill

The growth of harmful bacteria in food can be stopped by refrigerating or freezing. Refrigerate or freeze perishable foods as soon as possible. Freeze refrigerated leftovers or fresh foods that are not to be used immediately to

keep them at a safe temperature longer. The refrig-

erator and freezer doors should remain closed to maintain the required temperature. It is better to group foods together in the freezer to keep the foods cold longer. If there is a power outage for over four hours, food can be

stored in a cooler with ice.

Discard any perishable refrigerated foods if the power was out for over four hours. If there are crystals in the food or the temperature is below 40° F the food is safe to use.

There are three safe ways to thaw frozen food — in the refrigerator, using cold water or in a microwave. When thawed in the refrigerator, poultry or ground meat needs to be used within one to two days and red meat within three to five days. Frozen food should be well

sealed in plastic bags when thawed in cold water. The thawed food should be cooked immediately.

In the microwave, frozen food may not thaw uniformly and may become partially cooked. This is not safe since bacteria can multiply in the partially cooked food. Hence it is necessary to cook food thawed with this method im-

mediately. You can defrost in the microwave if you are going to grill it immediately. When food is marinated for grilling, the marinade should be boiled before it is reused on raw meat, fish or poultry.

If food is transported to another location, it should be transferred from the refrigerator to the cooler with ice to keep the temperature below 40° F. After cooking or grilling meat or poultry, keep it hot until serving. Transfer soups, sauces or any perishable leftovers to smaller shallow containers before storing in the refrigerator. To maintain cool temperatures in the cooler, change the ice when it begins to melt.

Discard

Pathogenic bacteria does not alter the smell, appearance or taste of the food and so it is difficult to tell if the food is safe to consume. Proper food handling training helps avoid food related disasters. Do not taste food to determine if it is safe! When in doubt it is best to discard.

For more information about food safety and free downloads that WIC staff can use in clinics, check out the following resources:

http://www.fsis.usda.gov/Food_Safety_Education/index.asp http://www.fsis.usda.gov http://www.fightbac.org/content/view/171/2/



You've heard about the Electronic Benefits
Transfer system known as EBT for years. EBT
provides WIC benefits on a WIC Lone Star
(EBT) card rather than on paper vouchers.
Many local agencies are currently using
the EBT system and others are preparing
to rollout the new system. Changing to a
new system can be a little intimidating but,

according to WIC staff already on the EBT system, electronic benefits are better for both participants and staff.

"EBT is a lot quicker since you don't have to print all those vouchers. There is just one shopping list to print," said Warna Dilworth, Outreach Health Services, Marble Falls clinic.

"The clients were excited about it before it even got here. They were ready for a change," said Delia Caseraz, Outreach Health Services, Waxahachie clinic.

Local agencies preparing to rollout the new system will receive a checklist detailing everything that needs to be done in preparation for EBT. To ensure EBT transition goes smoothly for your clinic, here are a few simple things to consider:



Scheduling with benefits in hand

All local agencies should be scheduling participants with benefits in hand. That means bringing a participant back to the clinic the month before her vouchers are due

Texas W News

or, in other words, after the first date to spend and before the last date to spend on the last set of vouchers. This is important since EBT benefits are provided based on the calendar month — running from the first day of the month to the last day of the month — for example August 1 to August 31. In the voucher system benefits are issued with dates based on a rolling month, and are valid from first date to spend to the last date to spend — for example July 15 to August 14. To avoid missing benefits as she switches from vouchers to the EBT card, the participant must come to the clinic with vouchers in hand. It can take several months to schedule clients this way, so agencies not yet scheduling this way need to start now. There is an Interactive Distance Learning (IDL) class offered, *Scheduling 101*: Scheduling in Preparation for EBT, on how to schedule participants with benefits in hand. All staff who schedule appointments should attend. See it more than once if you need a refresher or want to test your knowledge. Developing scheduling practice scenarios and running foxfire reports are two methods used by staff in previous rollouts to ensure they were scheduling participants correctly. "Scheduling in hand is a must because participants get angry when their benefits get cut off," said Nita Johnson, Paris Lamar Health Department.

EBT Clinic Flow

Many directors are making changes to clinic flow to make it easier for EBT implementation. In the voucher system, vouchers can be printed in an area away from the participant and then brought to the participant for signature. With EBT, the issuance of the card and benefits involves the use of a Verifone 3750 reader/ writer card terminal. A terminal is attached to each workstation. Two months prior to your local agency rollout date, holes are drilled in the appropriate places. Reader/writer poles and terminals are installed by your local agency. For cards and benefits to be issued, both the participant and the staff must be able to touch the card reader/writer. It is important to decide where each reader/writer will be placed for maximum effectiveness. And remember. at least one reader/writer should be placed between 28 and 34 inches high to comply with the Americans with Disability Act.

When the card is first issued each participant

is required to enter a personal identification number (PIN) into the card reader/writer. After transition, benefits may be loaded onto the card during class and the clinic can use a PIN checker to verify the participants' PIN before leaving class.

Materials

Your WIC Director will supply your clinic with "Coming Soon" materials to hand out to participants at their last appointment prior to EBT transition. This lets the participants know your clinic is switching to a new system, and that their next appointment may take longer than usual.

Your clinic will get an EBT participant lesson, which includes a shrink wrapped CD-Rom with EBT images, such as a reader/writer, an EBT card and our EBT mascot Tex. These images can be used to make bulletin boards informing the participants about EBT. Clinic staff teaching the EBT class should be familiar with the lesson. Remember, every participant who receives an EBT card must receive this lesson.

Transition

Transition happens as your clinic switches from benefits on vouchers to benefits on the EBT card. It takes three months to switch all participants from vouchers to the cards. Since participants must receive a class on how to use the EBT card, clinics will need to modify their current class and certification schedules. Agencies should watch the IDL class, Scheduling 102: Scheduling During EBT Transition, which explains exactly how to schedule during transition, five months prior to rollout. Remember, it's the little things that can help transition go more smoothly, such as making sure you have all the necessary forms, the clinic's DVD machine works, and there are batteries in the remote. "When something new comes along it can be scary, but it was very easy. We called the help desk when we needed to and they were really helpful. Working together made it go smoothly," said Delia Caservaz.

State WIC Director, Mike Montgomery, has set a goal to have all WIC agencies on EBT by May 2009, in order to implement the new food package using the EBT system only. Switching to the system will be exciting and challenging. As Nita Johnson puts it, "Don't be scared. It's truly, truly worth it!"

Texas WIC Video Wins Award

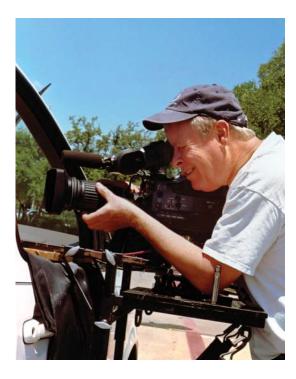
A wry parody of a reality TV show where a motherto-be has the health makeover of a lifetime was recognized by the 14th Annual National Health Information Awards. Keen Eye on the Small *Fry*, a video written, directed and produced by Texas WIC, received a Silver Award for Health Promotion/Disease. A product of the Publishing, Promotion, and Media Services branch and the Nutrition Education branch, Keen Eve was chosen from more than 1,000 entries judged by a national panel of health information experts.

"This is just one example of the excellent work our Nutrition Services Section staff accomplishes together," says Shari Perrotta, manager of the PP&MS branch of the Nutrition Services Section. "It's a mix of talents and knowledge. The Nutrition Education branch contributes its specialized knowledge of nutrition to our target audience. Add that leads her to that the creative scriptwriting skills of our Print Team and the video production talent of our Video Team, and you get attention-grabbing products that communicate information about good nutrition to our WIC moms and make a difference

in their daily lives and the lives of their children. This is what makes it so rewarding to be a part of this team!"

Keen Eye was written by PP&MS editor Renee Mims and directed by PP&MS producer Tom Bleich. "I

had the good fortune to direct a talented cast and crew," said Tom. "In the video, veteran WIC actress Myrna Cabello plays a savvy nutritionist team to help a mother-to-be."



Keen Eve director, Tom Bleich, during shooting.



Announcing: Texas Cancer Control Toolkit

Have you ever needed guidance on how to proceed on a community project, or wanted to get your community involved in a project, but did not know how to get started? The Texas Cancer Council has a Texas Cancer Control Toolkit which can help anyone with a community project.

The toolkit is designed for cancer related projects, but most of the information in the toolkit would help with any community project that centers on a chronic disease. The information in the toolkit covers how to get started, how to build a supportive community base, how to work with the media, how to run a successful meeting, what it takes to work with special population groups successfully, and how to evaluate your project. It is free to WIC agencies in Texas.

For more information call (512) 463-3190 or download the kit at http://www.texascancertoolkit.org.

Wellness...a journey







Don't let the summer heat interrupt your exercise routine.



he heat can zap your exercise routine during the summer months. Here are some suggestions to keep you moving through these hot months:

TAKE A DIP: Try aqua jogging, lap swimming, aqua aerobics or anything else that gets you moving in your neighborhood pool. Burn more calories by running in the water while wearing Aqua Joggers strapped to your legs (aquajogger.com). Always wear sunscreen.

DANCE AWAY THE HEAT: There are so many great options for exercise videos these days. Ask friends for recommendations for their favorites and see if they are interested in a video swap. And they aren't all dance videos either. Check out videos for Taebo, Kick Boxing, Jump roping, as well as the traditional dance routines and walking routines.

TO THE MALL: Mall walking is popular anytime of the year but particularly when it is too hot to be outside. This is an easy, safe and somewhat entertaining way to walk away the pounds while window shopping with your headphones on. The malls open early (check with mall management to find out hours and how to get in. No local mall? Try the near by grocery store or large discount store.

SUMMER MEMBERSHIP: Check out your local YMCA or near by health club for a sizzling summer special. Let them know, up-front, you just want to join for two or three months while it is hot. Many clubs are willing to work with people who want a limited membership in hopes they will sign up for a year round membership.

(continued from page 2)

THURSDAY: HOW 'BOUT SOME CHICKEN OF THE SEA, IN 15 MINUTES

THE HEALTHY TUNA MELT!

Serve with steamed mixed vegetables and sliced oranges.

- Slice of whole-wheat bread
- Chunk light tuna, drained
- Shallot, minced (2 tablespoons)
- Reduced-fat mayonnaise
- Lemon juice
- Minced flat-leaf parsley
- Salt
- Dash of hot sauce, like Tabasco
- Freshly ground pepper to taste
- Shredded sharp Cheddar cheese
- 1. Preheat broiler.
- 2. Toast bread in toaster.
- 3. Combine remaining ingredients in a medium bowl. Spread ¼ cup of the tuna mixture on each slice of toast; top with tomato slices and 2 tablespoons cheese. Place sandwich on a baking sheet and broil until the cheese is bubbling and golden brown, 3-5 minutes.
- 4. Serve immediately with steamed mixed veggies drizzled with olive oil, and orange slices.

FRIDAY: PIZZA NIGHT! THE HEALTHY WAY!

This one is real easy.

- 1. Purchase a frozen cheese or veggie pizza, a big bag of prewashed lettuce, baby carrots, grape tomatoes, and low-fat salad dressing, like vinaigrette.
- 2. Preheat oven.
- 3. Prepare salad.
- 4. Eat salad while pizza is cooking.
- 5. Enjoy your pizza and Friday night!

WIC Wellness Works

The Dinner Rush is ON!

t is late in the dinner hour and you just walked in the door. Your family is complaining about how hungry they are. How can you make a meal that is healthy, satisfying and most importantly, fast? Consider some of these healthy, nutritious, and balanced meals for the entire family. Each meal plan requires less than 25 minutes to prepare from start to finish, and several can be ready to eat in 15 minutes! Actual serving size and quantities vary based on your family size and traditional portions desired.

A great way to provide an exceptionally nutritious meal in minutes is with frozen vegetables – frozen at the peak of freshness, washed, cut, and ready to eat. Because it preserves the most nutrients, steaming veggies in the microwave or on the stove is the best cooking method. A few brand names are also included in the suggestions below, chosen because they contain quality ingredients, no preservatives, and moderate sodium content.



	FAMILY WEEKLY MENU PLANNER	
	Sunday	
	Monday	Paeta Night
	Tuesday	Soup
	Wednesday	Pan Seared Chicken Breast with Bechamel Sauce
	Thursday	Tuna Melt
F	-riday	Pizza Night
9	Paturday	

MONDAY: PASTA NIGHT, IN 20 MINUTES

Alternative:

MICHAEL ANGELO'S FROZEN LASAGNA (OR VEGGIE LASAGNA OR MANICOTTI) FAMILY SIZE

Frozen broccoli or spinach, steamed

Preparation:

- 1. Heat frozen lasagna or manicotti in microwave, according to directions.
- 2. After entrée has been heated, allow entrée to rest while heating frozen veggies in either the microwave or steaming in a steamer basket on the stovetop.
- 3. Serve entrée and vegetables together, providing a 1 cup serving of veggies to each person. Enjoy!

4















TUESDAY: SOUPS ON, IN 15 MINUTES

Already prepared vegetable soup, such as Campbell's Healthy Request Vegetable, Progresso 50% Less Sodium Garden Vegetable, or Amy's Organic Light in Sodium Lentil Vegetable or Black Bean Vegetable (OR an even healthier option is to buy low-sodium chicken stock and add your own frozen vegetable mix) Serve with:

- Open-face toasted cheese sandwiches on whole grain bread
- Glass of skim milk
- Sliced apples

Preparation:

- 1. Preheat oven to 350° for sandwiches.
- Lightly butter slices of whole grain bread and top with sliced cheese of your choice.
- 3. Place open-face sandwiches on non-stick baking sheet and bake for 10-12 minutes.
- 4. While sandwiches are toasting, heat soup on the stove, and slice the apples. If you are using stock and adding vegetables, be sure to heat the stock to a low boil, and then add vegetables. Simmer for at least 10 minutes. Extra seasoning is likely needed. Chopped flat-leaf parsley, seasoning salt, and pepper work well.
- 5. Serve hot soup, toasted sandwiches, and apples with a glass of skim milk.



WEDNESDAY: I FEEL LIKE CHICKEN TONIGHT, IN 20-25 MINUTES PAN-SEARED CHICKEN BREAST WITH BÉCHAMEL SAUCE

Serve with:

- Sweet potato, steamed in microwave Spinach, steamed
- Scoop of frozen yogurt

Preparation:

- 1. Wash and scrub sweet potatoes, and then use fork to puncture skins several times.
- 2. Place sweet potatoes in microwave, and cook on high until soft in middle. Heat for 3-4 minutes at a time.
- 3. While potatoes are cooking, heat 2-3 tablespoons of canola oil in large skillet, medium-high heat.
- 4. While oil is heating, season chicken breasts with salt and pepper, both sides.
- 5. Once oil is hot, carefully add chicken to skillet. DO NOT move or turn for a few minutes, you want chicken to brown and not tear. Brown both sides, about 5 minutes on each side.
- 6. Remove chicken from pan, leaving juices (this will add great flavor to the sauce).

- 7. To make béchamel sauce: Melt 2 tablespoons butter in skillet with pan juices over medium-low heat, and whisk in 2 tablespoons all-purpose flour. Cook, whisking, until bubbly and fragrant, about 3 minutes. Gradually add 1¼ cups hot milk, whisking until smooth. Heat to boiling, whisking, and simmer for 15 minutes, until sauce is of desired consistency. Season with salt, pepper, and nutmeg to taste.
- 8. While sauce is cooking, steam spinach on stove or in microwave.
- 9. Serve chicken breasts topped with hot béchamel sauce, steamed sweet potato (cut in half if large), and steamed spinach drizzled with olive oil.

(continued on page 4)

CHERYL BLACK

hree years ago, Cheryl Black of Parkway WIC in Lubbock, was injured in a rear-end car accident. Then three months later, the unthinkable happened. Cheryl was a passenger in a friend's car when it was hit from behind. As in the previous accident, Cheryl suffered serious injuries.

Cheryl's road to recovery, which included three surgeries in 14 months, was long and difficult; but her progress surprised everyone, even her doctors.

Cheryl attributes her healing to the fact that wellness is a cornerstone of her life. Her clinic is involved in the WIC Wellness Works program, and Cheryl used many WWW resources like the stretch bands and workout videos as part of her physical therapy. "Those helped me be more limber. After the surgeries, I couldn't bend over for several months. I think if I didn't bend and stretch, do the Walk Away the Pounds video, and



The Power of Perseverance



The woman who wasn't supposed to return to work ..., hiked nearly three miles uphill ...

ride my bike, I would be in a lot more pain," said Cheryl.

Cheryl also watches what she eats. "This summer, I went to the farmer's market and bought lots of fresh fruits and vegetables. I've always eaten healthy and drank a lot of water. I think that helped me because I didn't get sick with anything else like a lot of people do after surgery."

The key to a strong recovery, Cheryl said, is to "Stay positive. I did everything the doctor told me plus a little more, and I kept asking for more physical therapy. I didn't do things I shouldn't do or that would cause me pain, but I just kept persevering."

"The doctors weren't sure if I could go back to work, but going back has really helped my mental

capacity." Returning to work also helped Cheryl with her physical recovery. She stays active through her involvement in the WWW program, and receives the support of her team in her recovery.

Last summer, Cheryl went to Hawaii. The woman who wasn't supposed to return to work or ever walk without a cane, hiked nearly three miles uphill through a bamboo forest. "The bamboo was like 100 feet high and there was a waterfall... it was really beautiful. Before my surgery and for months after, I couldn't even walk at the mall. I was elated that I could walk at all. I didn't care if I went half the way."

Cheryl has this advice for others going through times of challenge: "Persevere... and stay healthy."

 $oldsymbol{2}$

Fitness, Food and Fun

by Barbara Khaleeg, M.S., R.D. and Jenifer Gregory, R.D.

Here's a recipe to help combat the obesity epidemic — combine a dash of physical activity, a pinch of nutritious food, and a lot of fun in your nutrition education class. Local Agency 20 implemented an obesity project called "Fitness, Food and Fun" with the goal of teaching parents how to help their children become more physically active and improving the family's eating habits. This program targeted families with children ages 3 to 5 who were classified as overweight or at risk of becoming overweight.

Participants attended a series of four classes in 2007. Each class began with 10 to 15 minutes of parent-child physical activity. The exercises focused on ideas for active play that families could easily do at home. During the classes clients danced and moved to music and videos, read books that incorporated physical activity, and played fun games.

In addition to physical activity, each class featured three to four nutrition learning centers. Topics highlighted during this series of classes were fats, sugars, fruits and vegetables, and portion sizes. Clients learned to read food labels, compared visuals that represented the amount of fat and sugar in foods, and learned how to replace high calorie foods with healthier alternatives. During one of the sessions, children served themselves a snack based on their level of hunger. They used a small spoon to serve the snack if they were "not so hungry" and a larger spoon if they were "very hungry."

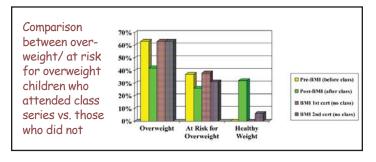
Several of the learning centers included food samples or a food demonstration, and the families were able to help prepare a few of the refreshments. Simple recipes were chosen so that the participants could see that making nutritious and tasty foods can be quick, easy, and fun.

To determine the effectiveness of this project, clients completed pre and post project surveys that addressed nutrition habits and frequency of physical activity. Pre and post project heights, weights, and BMI measurements were also obtained for these children. The evaluation data showed some positive results. By the end of the series of four classes:

- Families had increased their frequency of physical activity.
- Clients reported an increase in intake of fruits and vegetables and a decrease in chips and French fries.
- BMI measurements decreased in 63 percent of the

children. Upon the end of the series, 32 percent of the children had moved from being overweight or at risk of becoming overweight to a BMI that indicated they were at a healthy weight.

When comparing the overweight and at risk for overweight children who attended the classes versus those who did not, the results were clear. Children who did not attend the classes showed virtually no change in their weight status.



When clients were asked to name one way they helped their children become more physically active, they responded with the following:

"We go on daily walks around the park."

"We listen to music more often and dance to it."

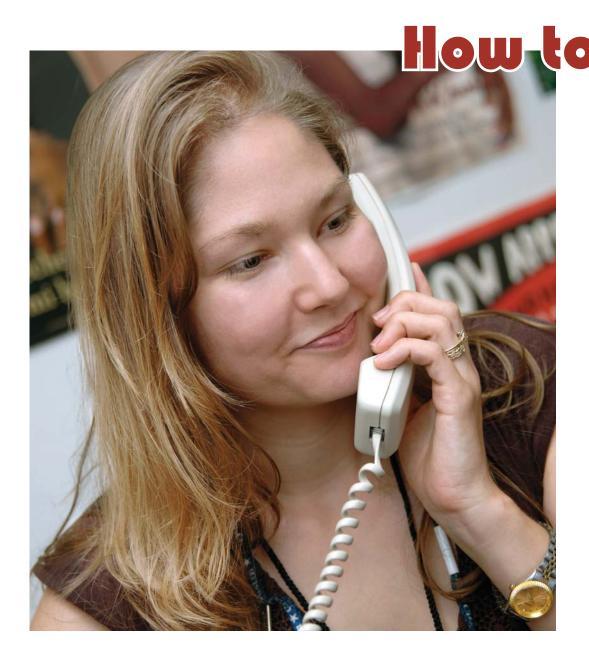
"We go outside more. We walk more instead of driving close by."

"I've tried to be more active with my kids and watch a little closer what they eat and how much."

Because of the positive results from this series of classes, LA 20 has begun to schedule all children who are identified as overweight or at risk of becoming overweight into the "Class of Champions." This class is offered in an active and fun environment to encourage families to increase physical activity while changing a few of their nutrition habits — with the overall goal of improving the health of our clients.

This project was funded as an obesity prevention mini-grant from the Texas Department of State Health Services. Get information about Obesity Prevention Mini-Grants at the NE/BF conference in July. Plan to attend the panel discussion and poster sessions at the conference for details about this and other fun and exciting projects.

May/June 2008



ne of the most dreaded parts of the non-contract formula approval process, according to many WIC local agency staff, is making a phone call to the doctor. It is also one of the most important contacts in terms of creating present and future relations with that doctor.

The doctor, or other prescriptive authority, is typically contacted to obtain more information about approving formula prescription, or to let the doctor know that his request won't be approved. Either of these situations can create anxiety for the caller. After all, doctors are used

to having their orders followed — not second guessed or denied. Here are suggestions for approaching the doctor so the outcome will help create a working relationship between WIC and the doctor — not an adversarial relationship. This may require some finesse.

First of all, avoid any unnecessary calls, that is, don't waste the doctor's time. For example, if the prescription was written for Similac Sensitive R.S. for "GER" and the baby's symptoms include vomiting, poor weight gain, and the baby is taking reflux medications, please don't call the doctor to ask if the baby has "GERD." If unsure about making that decision, call the

Texas Will News

Approach the Doctor

by Roxanne Robison, R.D., L.D. CSHCN Nutrition Consultant

formula pager to consult with a registered dietitian. It can be inferred from the symptoms that this baby has GERD, and that the doctor wrote "GER," which is the bigger umbrella term that encompasses GERD. We just need to know that the baby has a true medical problem rather than a benign condition that is considered normal in most infants.

Second, never tell the doctor he can't have that formula for that diagnosis or he has the wrong diagnosis for a particular formula. You may get a response like, "And where did you get your medical degree?" Presume that the doctor is the medical authority and treat him with respect. You could say, for example, "The diagnosis you gave is not one of the more common reasons why WIC approves issuance of this formula. Can you help me understand why this particular formula is needed for this child?" There may be extenuating circumstances that are not clear from the diagnosis given.

Third, be prepared before you make the call. Being prepared is being respectful of the doctor's time. Be mindful that doctors have extremely limited time, as appointments in his office may be scheduled every 15 minutes or less and some of the children he will be seeing that day may be very sick. Make sure you have the child's chart ready at hand. Know as many facts about the child as possible. Being prepared also makes you feel more confident. Anticipate what questions the doctor may ask and have your answers already thought out. A conversation may begin like this:

"Good morning Dr. _?_. My name is _?_ and I work for the local WIC program. I have an infant by the name of _?_ in my office. I am sorry to have to bother you today, but in order for me to approve this formula, I need a little bit more information ..."

When a doctor gets irate because he wants a non-contract standard milk or soy based infant formula, but it is denied, empathize with the doctor's point of view. For example, "Yes, doctor, I agree with you. It would be much easier for all of us if WIC were able to issue any formula that was requested for every child. But WIC tries to limit costs so that as many children as possible can benefit from the program. The formula you noted is not a rebate formula. The rebate formula contract allows WIC to serve about 30 percent more participants than would otherwise be possible. So, although we can provide almost any formula, we just have to make sure that there is a clear medical reason why the baby needs to be on a non-contract formula." No business has an unlimited budget and most people can understand the need to control costs, especially when it comes to government programs.

Last, but not least, be confident in your position. WIC has valid reasons for formula denial. If a child truly needs a formula for medical reasons, it will be approved. Participation in formula conference calls is one way to increase your knowledge about why WIC formula approval policy is the way it is. Being knowledgeable about your position is a confidence booster.

When a call needs to be made to the doctor, remember these tips:

- Avoid unnecessary calls,
- Be prepared before you call,
- Be knowledgeable about the child and the formula,
- · Be courteous, and
- Have the end in mind: formula issue resolved with the bonus of establishing a good working relationship with the doctor.



n a Feb. 4, 2002, newspaper column titled "Ask an Expert," a reader asked for suggestions about how to not "waste" time checking out complaints received about the business he ran. Columnist Steven Strauss, who is also a lawyer, public speaker, and leading expert on business processes, replied that the businessman should not ignore or disregard complaints because "feedback from your customers, whether positive or negative, is one of the most valuable things your business can get."

This opinion is also held by Karen Swedersky, author and former editor for the *Occupational Health Tracker*. Karen believes that "the majority of customers — about 68 percent — stop doing business because they encounter an attitude of indifference, either on the part of the company or an individual" and that "complaints are a rare glimpse into the experience of your customer and should be embraced with enthusiasm rather than disappointment or frustration."

Texas Will News



Or as Victoria Cummings, a former WIC trainer said during a seminar, "complaints are our friends."

This is difficult to believe when you are being confronted by an angry client who got upset even though you tried to provide the best customer service you could. But getting defensive and trying to prove to the client that you did nothing wrong does not solve the problem.

Why Customers Get Upset

Your clients get upset about the same things you do:

- They had to wait too long.
- Their expectations were not met.
- They feel helpless, unsure, or scared.
- They were treated discourteously (or what they perceive as discourteously).
- Someone argued with them or tried to lecture them on the "rules."
- They were having a bad day anyway.

Apologize and restate the problem. Apologizing for the customer's discontent does not have to be an admission of guilt on your part. Apologies must be sincere and genuine.

Express appreciation. Thank your client for being willing to complain.

Solve the problem. Offer a solution. Even if a policy prevents the solution the client would like, present him or her with options. For example, if you can't give the client an appointment at a desired time, offer several options for other times, not just one.

Do what you promised. If you told a walk-in client to wait so you could "work her in," be sure to "work her in."

And a seventh step would be to review your complaints periodically to see if trends are emerging that you can take steps to change. If you see you are receiving lots of complaints about your "busy" telephone, see what you can do to get a new system, hire another person to answer it, or even put a wait message on your existing system.

One of the main complaints in the health care field, according to Swedersky, is wait times. There are several ways to attack this problem, including patient flow analysis to streamline processes, hiring extra staff, or moving staff from one clinic to another on busy days. Even if none of these are viable alternatives for your clinic, setting expectations for the client when they arrive at the clinic will resolve some problems before they occur. Tell them what the wait time will be. Ask if that's ok or if they'd like to come back on a day that is not so busy.

Above all else, listen to what the clients say about the customer service in your clinics. Do surveys several times a year. Put a suggestion box in the waiting room in your clinic. Ask clients routinely when they leave about the service they received in your clinic and don't be afraid that they might complain. Remember, complaints are our friends.

References:

Strauss, Steven D. February 4, 2002. Ask an Expert. "Complaints can be your best friend."

Swedersky, Karen, MHA. Spring 2002. Occupational Health Tracker. "Measuring Success." Volume 5 Number 1

Steps to Service Recovery

Here are some steps to service recovery (or resolving the complaint):

Don't argue. Arguing never improves any situation and is unlikely to make you feel better in the long run. It sends a clear signal to the customer that he or she is wrong and you are right. Even if that's the case, trying to prove to your customer that you are "right" never solves the problem.

Listen carefully. It is the customer's job to complain and yours to listen attentively. Let the customer tell you everything from his or her point of view. Ask questions to clarify.

by Shirley Ellis, M.S., R.D. Clinic Services Program Coordinator

2006 Birth Rate Results

Between 2005 and 2006 the birth rate for teenage moms aged 15 to 19 rose three percent over the previous year. These statistics are reported in the "Births: Preliminary Data for 2006" report released by the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics. According to the report, this marks the first time since 1991 that there has been a rise in the birth rate for teenage moms. The birth rate increase was seen across all race/ethnic groups with non-Hispanic black teenage moms having the largest increase of five percent. American Indians had the next largest increase of four percent followed by a three percent increase for non-Hispanic white teenagers and a two percent increase for Hispanic teenagers. The only decrease in birthrate was found in the youngest teen moms aged 10 to 14 with a decrease of five percent of births.

Another significant finding was an eight percent increase in births for unmarried childbearing women resulting in an all time record high rate of childbirth for this group. The biggest jump was among unmarried women aged 25 to 29 with a ten percent increase between 2005 and 2006.

Other significant findings in the report include:

- a three percent increase in total births;
- birth rate increases for women in their twenties, thirties and early forties;
- a three percent rise in the rate of Caesarean deliveries to 31.1 percent of all births, which is an increase from 2005 — resulting in a new record high (This rate has increased 50 percent in the last decade.); and
- a slight increase in both the preterm birth rate and the low birth weight rate.

The overall increases in birthrates for all women aged 15 to 44 results in a two percent increase in the total fertility rate, which is an estimate of the average number of births that a group of women would have over their lifetimes. This is the highest rate since 1971.

The full report can be accessed at http://www.cdc.gov/nchs.



2008 Recommended Immunization Schedule

In January the American Academy of Pediatrics released the 2008 recommended immunization schedule for children and adolescents. There are three recommended schedules: one for children 0 to 6 years of age, one for those 7 to 18 years of age and a catch-up immunization schedule for those who start late or fall behind schedule. Change in the 2008 recommendations include:

- a dose of pneumoccocal conjugate vaccine for healthy children aged 24 to 59 months who are incompletely immunized;
- increased age ranges for influenza vaccine; and
- preference for MCV4 over MPSV4 in highrisk children aged 2 to 10.

Source: http://pediatrics.aappublications.org/cgi/content/full/121/1/219.

Texas W C News



Planned Inclusion of Fruits and Vegetables a Welcome Addition for WIC Participants

The planned addition of fruits and vegetables to the WIC food package will be a welcome change for WIC participants. A study conducted through the University of California at Davis looked at the effect of providing vouchers for fresh fruits and vegetables to WIC participants. The results of the study demonstrated not only an increase in the total consumption of fruits and vegetables during the study but also a sustained increase six months after the end of the intervention. There was a greater consumption over time in vegetables amongst English-speaking African Americans and white participants while Hispanics showed a greater increase in fruit consumption. The participants in the study redeemed more than 90 percent of the coupons provided and purchased a wide variety of fresh fruits and vegetables. The results of the study support the need for the addition of fruits and vegetables to the WIC food package.

Source: To view the full article, go to http://www.ajph.org/cgi/content/full/98/1/98

Cumulative Effect of Increased Portion Sizes and Consumption of Energy Dense Foods

Research has consistently shown that increasing the portion size of food served to preschool aged children leads to an increase in the amount of food consumed. When larger sizes are provided, children do not compensate for the increased portion by decreasing consumption of other foods, resulting in an overall increase in the amount of food consumed. However, the effect of the energy density of a food item on consumption is less clear. A study published in the American Journal of Clinical Nutrition examined the effect of energy dense foods on the amount of food consumed.



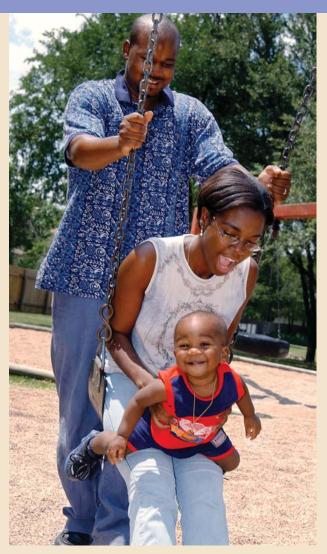
SMALL

The study found that not only would children consume more food if offered larger sizes, they would also not moderate consumption based on the energy density of the food item. In other words, if pre-

sented with larger portion sizes of higher calorie, higher fat food items the child would consume the item without moderating the amount. The findings of the study demonstrate that the combined effect of both portion size and the energy density of the food can lead to an overall increase consumption of energy intake

to an overall increase consumption of energy intake within a given meal. This combined effect plays a role in the growing problem of overweight in young children.

Source: Am J Clin Nutr 2007; 86: 174-9.



Hello everybody!

by Eaton Wright, BS, NUT Nutrition Expert

Eaton here with a brand new Test Your Active Play I.Q. There has never been a better time to get kids active than right now. One-third of U.S. children are overweight. That's about 25 million kids.

Childhood obesity is especially troubling because kids are developing health problems that were once seen almost exclusively in adults; such as type 2 diabetes, high blood pressure and high cholesterol. As if this were not bad enough, obese children are more likely to suffer from asthma, sleep disorders, orthopedic problems, liver disease, and mental health problems.

It is known that overweight and obese children are much more likely than non-overweight kids to become obese adults. And most of us know all too well how difficult it is to lose weight and keep it off. Therefore, it makes good sense that the best way to stop the obesity epidemic is to prevent it in the first place.

The good news is that Texas WIC is uniquely qualified to prevent childhood obesity by promoting breastfeeding, providing nutritious foods and educating parents of young children about the importance of minimal screen time (TV/DVD, video games, computer) and more active play.

Enough sitting around — on with the quiz.

Quiz:

- 1. True or False Watching Wile E. Coyote chase Road Runner around the desert on a rocket-powered skateboard counts as active play.
- 2. The 2005 Dietary Guidelines for Americans recommends that all children
 - a. actively play at least 60 minutes most, preferably all, days of the week
 - b. teach an aerobics class at the local YMCA
 - c. actively watch television for 5 to 6 hours most, preferably all, days of the week
 - d. run a marathon by age 2
- 3. True or False Kids do not like to jump, run, play tag, or kick a ball.
- 4. Which of following are wonderful ways to start kids off on the path to life-long wellness?
 - a. Start off right by nursing breastfeed!
 - b. Begin active play with infants as soon as they can sit-up without support (e.g., getting to all fours, pulling to stand, and jumping and bouncing with support).
 - c. Minimize screen time.
 - d. Skip the junk food and focus on fruits, vegetables and foods containing whole grains.
 - e. All of the above.

Texas Will News

Answers:

- 1. False. I will never understand how Wile E. always came up empty-handed. After all, he had all those fancy gadgets from Acme Corporation and all Road Runner had was lousy birdseed. Turning off the television and playing tag, throwing a ball or climbing, jumping, tumbling sliding, pushing, pulling and running count as active play. And, a bonus turning off the TV keeps kids from seeing the commercials selling candy, cookies, and chips. Meep! Meep!
- 2. The answer is a. The 2005 Dietary Guidelines for Americans recommends that children participate in at least 60 minutes of moderate intensity physical activity most days of the week.
- 3. FALSE! It is natural for children of all ages to be active. Active play allows children to learn about their bodies and to develop the strength, balance and coordination needed for every day tasks. Most of the time it is the parents who need encouragement to get out and get active.
- 4. The answer is e. Want to a raise an obesity-resistant child? First, breastfeed. Breastfeeding is the first line of defense against obesity. How? Breastfed babies learn to regulate their appetites by stopping when they are full and breastfed babies have lower levels of insulin, a hormone that promotes storage of fat. Second, encourage active play from the get-go. Allow kids to do what they naturally do—play! Third, reduce screen time. The American Academy of Pediatrics discourages television viewing for children under the age of 2 years old. For children over 2 years old, the AAP recommends no more than two hours of screen time per day. Lastly, get rid of soda, sports drinks and juice and chips and other junk food. Instead focus on fruits, vegetables and whole grain foods. Fruits, vegetables and whole grains are jam-packed with vitamins, minerals, phytochemicals, fiber and are just plain wonderful to eat.

Remember: Texas WIC is in a wonderful position to help families prevent childhood obesity through breastfeeding promotion, advocating active play for older infants and young children, reducing screen time and by providing nutritious foods.





About the author: Eaton Wright is a certified NUT based in Austin, Texas.

http://www.cdc.gov/nchs/about/major/nhanes/nhanes2005-2006/nhanes05_06.htm http://www.health.gov/dietaryguidelines/dga2005/document/html/chapter4.htm http://aappolicy.aappublications.org/cgi/reprint/pediatrics;104/2/341.pdf



Texas WIC News is now available on the Texas WIC Web site! http://www.dshs.state.tx.us/wichd/gi/wicnews.shtm

For information about subscriptions to Texas WIC News, e-mail WICNewsSubscriptions@dshs.state.tx.us or call (512) 341-4400, ext. 2258.



WIC, Nutrition Services Section Department of State Health Services P.O. Box 149347 Austin, TX 78714-9347

PERIODICALS

ADDRESS SERVICE REQUESTED